

MEMORANDUM FOR JEDMICS USERS

SUBJECT: Guide for Submitting Request for MARCORLOGBASESALB JEDMICS Logon Id

1. All individuals requiring access (logon) to the Joint Engineering Data Management Information and Control System (JEDMICS) are required to complete a request application (Encl.1).
2. Applicants are to be aware that assigned passwords are classified "sensitive information" and are to be handled accordingly. Failure to abide by the above will result in the loss of the individual's privilege to a logon ID and password. Submission of the enclosed application asserts that you understand and agree that you are responsible for your password's protection. You will comply with instructions provided you. You will not divulge your password to any unauthorized person. You will report to the appropriate Security Officer any problem you may encounter in the use of passwords or any misuse of passwords by other persons.
3. All requested information is to be provided. Failure to provide complete and accurate information will delay or prevent the processing of this request.
4. Changes to user information such as transfer to a different directorate, termination of employment, or required changes/deletions should be brought to the attention of the JEDMICS System Administrator.
5. In order to control and maintain proper auditing of users, it is required that each individual acquire his/her own Logon ID and password.
6. Return the **completed** request form to:

Mail: Commander (Code 566-1A)
Marine Corps Logistics Base
814 Radford Blvd.
Albany, Georgia 31704

FAX: Com. (229) 639-5455, DSN 567-5455

Attn: Repository Section
Code 566-1A

7. The POC for this action is Linda M. Vance or Suann Coleman at (229) 639-6476/77 or DSN: 567-6476/77.

JOINT ENGINEERING DATA MANAGEMENT INFORMATION AND CONTROL SYSTEM
(JEDMICS)

REQUEST FOR ASSIGNMENT OF LOG ON ID AND PASSWORD
TO BE COMPLETED BY REQUESTING ORGANIZATION

1. TYPE REQUEST () New () Change () Cancel LOGON ID
2. REQUESTER IS () DOD Military/ Civilian () Civilian Contractor
3. NAME OF REQUESTER _____
4. REQUESTER'S ORGANIZATION _____
5. OFFICE SYMBOL _____
6. ADDRESS _____
7. PHONE NUMBER _____
8. FOR DOD CONTRACTOR (All blanks must be completed)
Company Name: _____
Address: _____
Phone: _____
Govt. POC: _____ Phone (Com./DSN): _____
Contract No: _____ Expiration date: _____
Contractor Certification No. _____

9. REQUESTER'S HOST MACHINE INFORMATION:

ACCESS THROUGH: () PC JEDMICS () CMIS

Ethernet (IP) Address _____

Email Address _____

10. REASON(S) FOR ACCESS (Detailed Justification):

11. SIGNATURES:

Requestor's Signature _____ DATE _____

Supervisor's Name _____ Phone (Com./DSN) _____

Supervisor's Signature _____ DATE _____

Name of Security Officer: _____ Phone(Com./DSN) _____

SUBMIT FORM TO:

Commander (Code 566-1A)
Marine Corps Logistics Base
814 Radford Blvd.
Albany, Georgia 31704

POC:

Linda M. Vance or Suann Coleman
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FAX: (229) 639-5455 DSN 567-5455